No. C 465	38		ual Report Form ater Than November 30,	1998	2. Registered Agen		OT A P.O. BOX
Return to:		1. Mailing Address - Ple	ease Correct, If Not Correc	ì	508 NOR		EAST
SECRETARY OF ST 700 WEST JEFFER		BALL BROS.	SHEEP CO.] <u>.</u>		
PO BOX 83720 BOISE, ID 83720-0	inan	00% / 0			LEWISVI	LLE I	D 83431
NO FEE REQUIP		BOX 69			3. Organized Unde	er the Laws of:	
* FIRST NO		LEWISVILLE	ID 834	31	ID		46538
4. Corporations: En Limited Liability	nter Names and E Companies: Ente	Business Addresses of f r Names and Addresse	President, Secretary and I s of (1) Managers or (1)	Directors J Members	(check one)		
Office held	Name	<u>S</u> 1	reet or P.O. Address		City	State	<u>Zip</u>
PRESIDENT	ROBERT	M. BALL			HAMER	ID	83425
V-PRES	R.J. B			MON	TEVIEW	ID	83435
SEC/TREAS	CARL M	. BALL			HAMER	ΪD	83425
					7		
5. Signature of Ne	ew Registered	Agent 6.	ure M	1/Sa	M Date	10-9	-98
l			The second secon		10 000 000 000 000 000 000 000 000 000	* 8 8 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	•

6415 Return to: SECRETARY OF STATE Annual Report Form Due No Later Than November 30, 700 WEST JEFFERSON . Mailing Address - Please Correct, If Not Correct PO BOX 83720 1998 2. Registered Agent and Office NOT A P.O. BOX BOISE, ID 83720-0080 SOUTHERN IDAHO MEDICAL PARK DR WILLIAM BILL DR WILLIAM BILL FITZHUGH NO FEE REQUIRED 589 SHOUP AVE W 589 SHOUP AVE W ** FINAL NOTICE ** FITZHURA Corporations: Enter Names and Business Addresses of President, Secretary and Directors TWIN FALLS Limited Liability Companies: Enter Names and Addresses of Managers or 3. Organized Under the Laws of: 83301 Office held ID Members (check one) 6415 Street or P.O. Address John Hower MA PoBor Hos Scott 4/124 MO State Town Retwien Mo Fredrick Susbaughto 5264 Shorp Arew Zo 496 F Shory Hoen P3303 5. Signature of New Registered Agent

No. W 14	62	Due No Later Thai	n November 30.		- L 4 A A			O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct 464 S HEMMINGWAY						
		W & W/ L.L.C. DELMOR WIEDMEIER 464 S HEMMINGWAY		9	OISE		ID 8	3709
** FINAL NO	TICE ** BO	ISE	ID 83709		ID	W	146	2
		ss Addresses of President es and Addresses of D I		ectors Nembers (che	ck one)			
Office held	<u>Name</u>	Street or P.	.O. Address		City	<u>State</u>	2	Zip
Manager	Delmor W	liedmier 46	15 Homm	ina was	1 Bo	ise II	837	1009
				ŭ	•			
				Ü	•			
	w Registered Agent	6. Signature	Qelmon Ci) ie d nu	Zeci. Date	. <u>10-10</u>	- 98	·
^{5.} Signature of Ne	w Registered Agent	6. Signature	\bigcap) ie d nu	Zeci. Date	10-10 Man	- 98	y
		6. Signature	Delmor Wi	se d mei e	Zeci. Date	. <u>10-10</u>	- 98	·
^{5.} Signature of Ne	w Registered Agent	6. Signature Name (Typed or Frinted)	Gelmor Wi	se d mei e	Zeci. Date	10-10 Man	- 98	·

.

No. C 46538	Annual Report Form Due No Later Than November 3	1998 2. Registered Age	ent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Please Correct, If Not Corr BALL BROS. SHEEP CO.	ect 508 NOR	RTH 3470 EAST
BOISE, ID 83720-0080 NO FEE REQUIRED	80x 69	LEWISVI	
* FIRST NOTICE *	LEWISVILLE ID 83	3. Organized Und	c 46538
 Corporations: Enter Names and I Limited Liability Companies: Enter 	Business Addresses of President, Secretary and er Names and Addresses of ☐ Managers or	Directors Members (check one)	
Office held Name	Street or P.O. Address	<u>City</u>	State Zip
V-PRES R.J. B	M. BALL BALL I. BALL	HAMER MONTEVIEW HAMER	ID 83425 ID 83435 ID 83425
5. Signature of New Registered A	Agent 6.	August 1	
	Signature /	1 Date	10-9-98
		paperson of the state of the st	